

2013 R

DELAWARE INDIVIDUAL RESIDENT  
INCOME TAX RETURN  
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning MMDDYY and ending MMDDYY

Your Social Security No.

Spouse's Social Sec. No.

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Your Last Name

First Name and Middle Initial, Jr., Sr., III, etc.

Spouse's Last Name

Spouse's First Name, Jr., Sr., III, etc.

Present Home Address (Number and Street)

Apt. #

City

State

Zip Code

Form DE2210

If you were a part-year resident in 2013, give the dates you resided in Delaware.

☐ Attached

From

MMDD

2013

To

MMDD

2013

Month Day

Month Day

## FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced, Widow(er)3. ☐ Married or Entered into a Civil Union & Filing Separate Forms5. ☐ Head of Household2. ☐ Joint or Entered into a Civil Union4. ☐ Married or Entered into a Civil Union & Filing Combined Separate on this form

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.

Column A

Column B

1. **DELAWARE ADJUSTED GROSS INCOME.** Begin Return on Page 2, Line 29, then enter amount from Line 42 here...>1

00

00

2a. If you elect the DELAWARE STANDARD DEDUCTION check here.... ☐

Filing Statuses 1, 3 &amp; 5 Enter \$3250 in Column B; Filing Status 2 Enter \$6500 in Column B;

Filing Status 4 Enter \$3250 in Column A and in Column B

If you elect the DELAWARE ITEMIZED DEDUCTIONS check here.... ☐

b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from reverse side, Line 48 in Column B

Filing status 4 enter Itemized Deductions from reverse side, Line 48 in Columns A and B

2

00

00

3. **ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)**

Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.

Column A - if SPOUSE was: 65 or over ☐ Blind ☐Column B - if YOU were: 65 or over ☐ Blind ☐

3

00

00

4. **TOTAL DEDUCTIONS** - Add Lines 2 & 3 and enter here.....>4

00

00

5. **TAXABLE INCOME** - Subtract Line 4 from Line 1, and Compute Tax on this Amount.....>5

00

00

6. Tax Liability from Tax Rate Table/Schedule

See Instructions.....

Column A

Column B

00

00

6

7. Tax on Lump Sum Distribution (Form 329).....&gt;7

00

00

7

8. **TOTAL TAX** - Add Lines 6 and 7 and enter here.....>8

00

00

9a. **PERSONAL CREDITS** If you are Filing Status 3, see instructions on Page 6.

If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

Enter number of exemptions claimed on Federal return X \$110.....&gt;9a

00

00

On Line 9a, enter the number of exemptions for:

Column A ☐Column B ☐9b. **CHECK BOX(ES)**Spouse 60 or over (Column A) ☐Self 60 or over (Column B) ☐

Enter number of boxes checked on Line 9b. X \$110.....&gt;9b

00

00

10. Tax imposed by State of (Must attach copy of DE Schedule I and other state return).....&gt;10

00

00

11. Volunteer Firefighter Co.# - Spouse (Column A) Self (Column B) Enter credit amount.....&gt;11

00

00

12. Other Non-Refundable Credits (see instructions on Page 7).....&gt;12

00

00

13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit).....&gt;13

00

00

14. **Earned Income Tax Credit.** See instructions on Page 8 for ALL required documentation.....>14

00

00

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 &amp; 14 and enter here.....&gt;15

00

00

16. **BALANCE.** Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero).....>16

00

00

17. Delaware Tax Withheld (Attach W2s/1099s).....&gt;17

00

00

17

18. 2013 Estimated Tax Paid &amp; Payments with Extensions.....&gt;18

00

00

18

19. S Corp Payments and Refundable Business Credits.....&gt;19

00

00

19

20. 2013 Capital Gains Tax Payments (Attach Form 5403).....&gt;20

00

00

20

21. **TOTAL Refundable Credits.** Add Lines 17, 18, 19, and 20 and enter here.....>21

00

00

22. **BALANCE DUE.** If Line 16 is greater than Line 21, subtract 21 from 16 and enter here.....>22

00

00

23. **OVERPAYMENT.** If Line 21 is greater than Line 16, subtract 16 from 21 and enter here.....>23

00

00

24. **CONTRIBUTIONS TO SPECIAL FUNDS** If electing a contribution, complete and attach DE Schedule III.....>24

00

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2014 ESTIMATED TAX ACCOUNT ENTER &gt;25

00

26. **PENALTIES AND INTEREST DUE.** If Line 22 is greater than \$400, see estimated tax instructions..... ENTER >26

00

27. **NET BALANCE DUE** (For Filing Status 4, see instructions, page 9)..... PAY IN FULL >27

00

28. **NET REFUND** (For Filing Status 4, see instructions, page 9)..... ZERO DUE/TO BE REFUNDED >28

00

For all other filing statuses, subtract Lines 24, 25 and 26 from Line 23

ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

**COLUMNS:** Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

## MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

### SECTION A - ADDITIONS (+)

		Filing Status 4 ONLY Spouse Information COLUMN A	All other filings statuses You or You plus Spouse COLUMN B
29. Enter Federal AGI amount from Federal 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4.....	29	<input type="text"/>	<input type="text"/>
30. Interest on State & Local obligations other than Delaware.....	30	<input type="text"/>	<input type="text"/>
31. Fiduciary adjustment, oil depletion.....	31	<input type="text"/>	<input type="text"/>
32. TOTAL - Add Lines 30 and 31.....	32	<input type="text"/>	<input type="text"/>
33. Subtotal. Add Lines 29 and 32.....	33	<input type="text"/>	<input type="text"/>

### SECTION B - SUBTRACTIONS (-)

34. Interest received on U.S. Obligations.....	34	<input type="text"/>	<input type="text"/>
35. Pension/Retirement Exclusions <b>(For a definition of eligible income, see instructions on Page 10)</b> ....	35	<input type="text"/>	<input type="text"/>
36. Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL Carry forward.- please see instructions on Page 10.....	36	<input type="text"/>	<input type="text"/>
37. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11).....	37	<input type="text"/>	<input type="text"/>
38. SUBTOTAL. Add Lines 34, 35, 36 and 37 and enter here.....	38	<input type="text"/>	<input type="text"/>
39. Subtotal. Subtract Line 38 from Line 33.....	39	<input type="text"/>	<input type="text"/>
40. Exclusion for certain persons 60 and over or disabled (See instructions on Page 11).....	40	<input type="text"/>	<input type="text"/>
41. TOTAL - Add Lines 38 and 40.....	41	<input type="text"/>	<input type="text"/>
42. DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Front, Line 1.....	42	<input type="text"/>	<input type="text"/>

### SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

43. Enter total Itemized Deductions from Schedule A, Federal Form, Line 29.....	43	<input type="text"/>	<input type="text"/>
44. Enter Foreign Taxes Paid (See instructions on Page 11).....	44	<input type="text"/>	<input type="text"/>
45. Enter Charitable Mileage Deduction (See instructions on Page 11).....	45	<input type="text"/>	<input type="text"/>
46. SUBTOTAL. - Add Lines 43, 44, and 45 and enter here.....	46	<input type="text"/>	<input type="text"/>
47a. Enter State Income Tax included in Line 43 above (See instructions on Page 11).....	47a	<input type="text"/>	<input type="text"/>
47b. Enter Form 700 Tax Credit Adjustment (See instructions on Page 11).....	47b	<input type="text"/>	<input type="text"/>
48. TOTAL - Subtract Line 47a and 47b from Line 46. Enter here and on Front, Line 2 (See instructions).....	48	<input type="text"/>	<input type="text"/>

### SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

a. Routing Number

b. Type: Checking ☐ Savings ☐

c. Account Number

d. Is this refund going to or through an account that is located outside of the United States?

Yes ☐ No ☐

**NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.**

### BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature	Date	Signature of Paid Preparer	Date
Spouse's Signature (if filing joint or combined return)		Address	
Home Phone	Business Phone	City	State Zip
E-Mail Address	EIN, SSN OR PTIN	Business Phone	E-Mail Address

#### NET BALANCE DUE (LINE 27):

DELAWARE DIVISION OF REVENUE  
P.O. BOX 508  
WILMINGTON, DE 19899-0508

#### NET REFUND (LINE 28):

DELAWARE DIVISION OF REVENUE  
P.O. BOX 8765  
WILMINGTON, DE 19899-8765

#### ZERO (LINE 28):

DELAWARE DIVISION OF REVENUE  
P.O. BOX 8711  
WILMINGTON, DE 19899-8711

**MAKE CHECK PAYABLE TO : DELAWARE DIVISION OF REVENUE  
PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**



Name(s):

Social Security Number:

**COLUMNS:** Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY  
Spouse Information  
COLUMN A

All other filings statuses  
You or You plus Spouse  
COLUMN B

**DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE**

See the instructions and complete the worksheet on Page 7 prior to completing DE Schedule I.

Enter the credit in **HIGHEST** to **LOWEST** amount order.

1. Tax imposed by State of _____ (enter 2 character state name).....	1		00		00
2. Tax imposed by State of _____ (enter 2 character state name).....	2		00		00
3. Tax imposed by State of _____ (enter 2 character state name).....	3		00		00
4. Tax imposed by State of _____ (enter 2 character state name).....	4		00		00
5. Tax imposed by State of _____ (enter 2 character state name).....	5		00		00
6. Enter the total here and on Resident Return, Line 10. <b>You must attach a copy of the other state return(s) with your Delaware tax return.</b> .....	6		00		00

**DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)**

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

**Qualifying Child Information**

7a. Child's First Name	7b. Child's Last Name	8. Child's SSN	9. Child's Date of Birth
CHILD 1			MM DD YY YY
CHILD 2			MM DD YY YY
CHILD 3			MM DD YY YY

	CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Was the child permanently and totally disabled during any part of 2013?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B) .....			00
13. Federal earned income credit from Federal Form 1040, Line 64a; Form 1040A, Line 38a; or Form 1040EZ, Line 8a .....			00
14. Delaware EITC Percentage (20%).....			.20
15. <b>Multiply Line 13 by Line 14.</b> .....			00
16. Enter the Smaller of Line 12 or Line 15 above. Enter here and on Resident Return, Line 14.....			00

See the instructions on Page 8 for ALL required documentation to attach.

**DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS**

See Page 13 for a description of each worthwhile fund listed below.

17. A. Non-Game Wildlife		00	G. Veteran's Home		00	M. White Clay Creek		00
B. U.S. Olympics		00	H. DE National Guard		00	N. Home of the Brave		00
C. Emergency Housing		00	I. Juv. Diabetes Fund		00	O. Senior Trust Fund		00
D. Breast Cancer Educ.		00	J. Mult. Sclerosis Soc.		00	P. Veteran's Trust Fund		00
E. Organ Donations		00	K. Ovarian Cancer Fund		00			
F. Diabetes Educ.		00	L. 21st Fund for Children		00			

Enter the total Contribution amount here and on Resident Return, Line 24 ..... 17  00

**This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.**

